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**To:** Examiner I. Izaguirre  
USPTO/ Art Unit: 3765

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**From:** Johny U. Han, Reg. No. 45,565

**Date:** May 23, 2003

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**Comments:****Official Filing**

Re: Attorney Docket No.: 509192000100  
Art Unit: 3765  
Examiner: I. Izaguirre  
U.S. Serial No.: 09/846,876  
Filing Date: May 1, 2001  
Inventors: Vahid SAADAT  
Title: EMBOLIC BALLOON

Papers enclosed herewith:

1. Transmittal - 1 page
2. Fee Transmittal + duplicate for fee processing - 2 pages
3. Amendment Under 37 C.F.R. § 1.111 - 17 pages
4. Extension of Time Request - 1 page

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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE  
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## TRANSMITTAL FORM

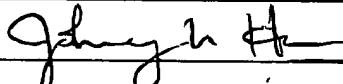
*(to be used for all correspondence after initial filing)*

<b>TRANSMITTAL FORM</b> <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/846,876
		Filing Date	May 1, 2001
		First Named Inventor	Vahid SAADAT
		Group Art Unit	3765
		Examiner Name	I. Izaguirre
Total Number of Pages in This Submission	21	Attorney Docket Number	509192000100

### ENCLOSURES (check all that apply)

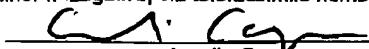
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing - 2 pages <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply - 17 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request - 1 page <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) 1. Facsimile Cover Sheet
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	MORRISON & FOERSTER LLP Johnney U. Han - Reg. No. 45,565	 * 2 5 2 2 6 *
Signature		
Date	May 23, 2003	

### CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on May 23, 2003, to the attention of Examiner I. Izaguirre, via telefacsimile number 703-308-0758, phone number 703-308-0892.



Aurelia Caparas

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# FEE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 55.00)

## Complete if Known

Application Number	09/846,876
Filing Date	May 1, 2001
First Named Inventor	Vahid SAADAT
Examiner Name	I. Izaguirre
Group Art Unit	3765
Attorney Docket No.	509192000100

## METHOD OF PAYMENT (check all that apply)

 Check  Credit Card  Money Order  Other  None
 Deposit Account

Deposit Account Number 03-1952

Deposit Account Name Morrison &amp; Foerster LLP

The Commissioner is hereby authorized to: (check all that apply)

 Charge fee(s) indicated below  Credit any overpayments  
 Charge any additional fee(s) during the pendency of this application  
 Charge fee(s) indicated below, except for the filing fee
 

to the above-identified deposit account.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
1051	130	2051	65
1052	50	2052	25
1053	130	1053	130
1812	2,520	1812	2,520
1804	920*	1804	920*
1805	1,840*	1805	1,840*
1261	110	2251	55
1252	410	2252	205
1253	930	2253	465
1254	1,450	2254	725
1255	1,970	2255	985
1401	320	2401	160
1402	320	2402	160
1403	280	2403	140
1451	1,510	1451	1,510
1452	110	2452	55
1453	1,300	2453	650
1501	1,300	2501	650
1502	470	2502	235
1503	630	2503	315
1460	130	1460	130
1607	50	1807	50
1806	180	1806	180
8021	40	8021	40
1809	750	2809	375
1810	750	2810	375
1801	750	2801	375
1802	900	1802	900
Other fee (specify)			
*Reduced by Basic Filing Fee Paid		SUBTOTAL (3) (\$)	55.00

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

		Extra Claims	Fee from below	Fee Paid
Total Claims	57	-57** =	0 x 0 =	0
Independent Claims	2	-3* =	0 x 42 =	0
Multiple Dependent			140 =	0

## Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent claims in excess of 3
1203	280	2203	140	Multiple dependent claim, if not paid
1204	84	2204	42	** Reissues independent claims over original patent
1205	18	2205	9	** Reissues claims in excess of 20 and over original patent

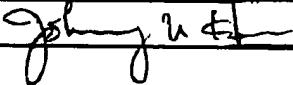
SUBTOTAL (2) (\$ 0.00)

\*or number previously paid, if greater; For Reissues, see above

SUBTOTAL (3) (\$ 55.00)

## SUBMITTED BY

## Complete (if applicable)

Name (Print/Type)	Johnney U. Han	Registration No. (Attorney/Agent)	45,565	Telephone	(650) 813-5786
Signature				Date	May 23, 2003

|pa-792174||